SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN,
Date Stand (Received)

MAY 0 5 201

Permit #: Amount Paid: Z K 17-0124 59-17

2-5-17

Bayfield Co. Zonling Dept

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

		^				plain)	Other: (explain)		Secretarial State
		, -			100	Conditional Use: (explain)	Condition		c c
			- Andrews		The state of the s	Special Use: (explain)	special us	Para da Cara d	X
		\ \	***************************************	- The state of the	NAME OF TAXABLE PARTY.	ANN THE REAL PROPERTY OF THE PERSON OF THE P			ACTION OF THE PARTY OF THE PART
		-	THE REAL PROPERTY AND ADDRESS OF THE PERSON	111111111111111111111111111111111111111	Aireration (specify,	Accessory Building Addition/Aiteration (specify)	Accessory	Jance	Rec'd for Issuance
760	7	124 %		CACI ECLEN	Sol colo	Building (specity)	Accessory Building	×	
0		-	144			3	Addition/		
			- Allen William		ate)	Mobile Home (manufactured date)	Mobile H		
			k food prep facilities	or ☐ cooking 8	sleeping quarters,	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	Bunkhous		
			The state of the s		rage	with Attached Garage		Se	Commercial Use
					, the same of the	with (2"") Deck			
		×		- And the state of	And the second s	with a Deck			
		× ×				with (2 nd) Porch			
						with a Porch		رب ا	Residential Use
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		The state of the s		with Loft			<
					shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
		×			ture on property)	Principal Structure (first structure on property)	Principal S		
Footage	Dimensions	Dimer		Te	Proposed Structure			\	Proposed Use
Sallare									
Ŧ	Height: (width: 24		Length: 40°			ion:	Proposed Construction:
	Height:		Width:		Length:	is relevant to it)	ng applied for	if permit bei	Existing Structure: (If permit being applied for is relevant to it)
			None			2 T T T T T T T T T T T T T T T T T T T			
		Ter.				Legundation		Property	
	(1)	service contract)	i	None		- 1	ness on	Run a Business on	
on)	Vaulted (min 200 gallon)	r Vaulted					existing bldg)	Relocate (existing bldg)	
	cify Type: Septic	(S	7	U U			3	Conversion	000/11:
	oe:	Spec	☐ (New) Sanitary	2	X Year Round	☐ 1-Story + Loft	Alteration	☐ Addition/Alteration	•
☐ City		1	☐ Municipal/City	1	☐ Seasonal	X1-Story	truction	New Construction	
<u>.</u>									material material
Water	stem	What Type of Sewer/Sanitary System Is on the property?	Sewe	# of bedrooms	Use	# of Stories and/or basement	A	Project	Value at Time of Completion * include
									☐ Non-Shoreland
□ No	No	feet			If yescontinue	Maries product			
XYes	⊡¥es		Distance Structure is from Shoreline:	Distance Stru	nd or Flowage	Is Property/Land within 1000 feet of Lake, Pond or Flowage	//Land within	Is Property	X Shoreland
Are Wetlands Present?	Is Property in Floodplain Zone?		cture is from Shoreline :	Distance Structure 子の	am (incl. Intermittent)	Assproperty/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If vescontinue	s.Property/Land within 300 feet of F eek or Landward side of Floodplain?	Creek or Lan	
2	1.42			ekagen	3	N, Range OC W	3	, Township	Section 43
)ge	Acreage	Lot Size			Town of:	,	2.11		√
6	us A condo,	Subdivision:		Lot(s) No.	M Vol & Page	.ot Lot(s) CSM	Gov't Lot	1/4	1/4,
2(s)	Page(s)	Volume	2-00-654	\v	034-2-4	(Use Tax Statement) 04-	tion: (Use la	Legal Description	
Document: (i.e. Property Ownership)	ment: (i.e. Pro		18000		PIN: (23 digits)		-	,	PROJECT
□ No	□ Yes	- Andrew Control of the Andrew Control of th							
Written Authorization	Written	ate/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ad	Agent Phone: A		cation on behalf	on Signing Appli	Authorized Agent: {Person Signing Application on behalf of Owner(s)}
Phone:	Plumber Phone:			Plumber:	one:	Conti			Contractor:
715-685-8566	715-685			54821	City/State/Zip: C2ble WI	Cist)	r D	Ser misch	Address of Property: /
94-2221	- 46/-51/	54821	Ceble WI	E	23170 Gernisch	23		vers	toy Ay
	Telephone:		City/State/Zip:	City/	:25		- 1		Owner's Name:
OTHER	□ B.O.A. □ OTHER		☐ CONDITIONAL USE ☐ SPECIAL USE	CONDITIONA	□ SANITARY □ PRIVY □		X LAND USE	JESTED-►	TYPE OF PERMIT REQUESTED—▶

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) resolution for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. listed on the Deed All Owners must sign or letter(sto) authorization must 4 accompany this application) Date Date 30: 1

Owner(s):

Authorized Agent:

are signing on behalf of the owner(s) a letter of authorization 3170 Germ 364 Rd Ceble 1364 Cable must accompany this application)

Address to send permit 23170

(If yo

821

elow. Draw or Sketch your Property (regardless of what you are applying for)

City, Village, State or Federal May Also Be Required

completed or if any prohibitory conditions are violated.

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	17-0124				Issued To: Troy & Jean Ayers									
Locatio	n: -	1/4	of		1/4	Section	23	Township	43	N.	Range	6	W.	Town of	Namakagon
Gov't Lo	t		ı	Lot		Ble	ock	Su	bdivisi	on G	armisch	ı US	Α	Unit#	18
	ion(s):	Not	to b	e us	ed fo		habi	d require addition tation. No w WTS.				ire t	o stri	ucture uni	ess structure is
Condi	ion(s):	NOT Serv	ed b	e us y a	code i	complia	nt PO	WTS.	CCCI	41100					
										Rob Schierman					
NOTE:	This perr work or I				ear from date of issuance if the authorized construct begun.				ion		Authorized Issuing Official				
	Changes This peri	nit ma	ns or y be v	speci void oi	fications r revoke	shall not be	e made ne appli	without obtaining		May 9, 2017 Date					